

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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24197 7590 11/09/2009

KLARQUIST SPARKMAN, LLP
121 SW SALMON STREET
SUITE 1600
PORTLAND, OR 97204

FILED VIA EFS

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/521,628	09/08/2005	Neville Boden	5585-70293-01	2023

TITLE OF INVENTION: BETA SHEET TAPES RIBBONS IN TISSUE ENGINEERING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/09/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
HA, JULIE	1654	530-327000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	I Klarquist Sparkman, LLP 1 _____ 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

University of Leeds

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Leeds, United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies four

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- Paid via EFS.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge overpayment, to Deposit Account Number **02-4550** any deficiency, or credit any overpayment, to Deposit Account Number **02-4550** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Sheree Lynn Rybak/

Date February 8, 2010

Typed or printed name Sheree Lynn Rybak, Ph.D.

Registration No. 47,913

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